

June 25, 2012

Hello

My name is Margaret Arseniadis. Currently, I am Chief Operating Officer for the largest surgical practice in Fairfield County. In my professional career, I have met with most Medical Directors and high level management staff from Anthem, CIGNA, CTCare, United Healthcare and Oxford. I am telling you this as a prerequisite to my experience because this background allows me to have a true understanding of the regulations and policies of private insurance carriers.

This past February, my 23 year old son revealed he was addicted to prescription pain medication. His addiction had spiraled out of control and required immediate in-patient treatment. I took on the role of contacting his insurance carrier to verify mental health benefits and obtain authorization for treatment. For the next four days, this soon became my (a) full time job. Nick was an active drug user who needed immediate intensive inpatient treatment. His policy had benefits which allowed for this type of care but obtaining an authorization was a challenge. The insurance carrier was unable to provide an authorization for an in-network provider for his treatment. Their reasoning behind this determination was and I quote, "Nick wasn't sick enough for in-network benefits". However, after many conversations with the insurance carrier's appeals department, they gave him an authorization to use his out-of-network benefits to seek treatment. My family was desperate and willing to do whatever was necessary to save Nick's life. Therefore, we choose to utilize the out-of-network benefits with the knowledge it would be a financial burden. We were subject to a \$4,000.00 deductible and a 20 percent coinsurance rate. Our bills for a 42 day inpatient stay totaled close to \$10,000.00. In addition to the financial burden, it took an emotional toll on my family because Nick had to travel to Florida for his out-of-network treatment. The sadness that was felt the day we had to put Nick on a plane to obtain healthcare because of a mandated by his insurance carrier was overwhelming.

After going through this insurance nightmare first hand and hearing other families' stories, I believe there are two basic problem areas for those who suffer from a drug addiction with insurance coverage. First, the criteria in which an insurance carrier determines medical necessity for drug addiction treatment. It is not a cookie cutter mold, one size fits all. At best, insurance carriers should allow a one-time authorization for an evaluation. This evaluation should be performed by a mental health clinician to determine need and plan of care for patient treatment. Second is the lack of skilled clerical staff to access and analysis the insured's benefit package. The detail of this information is extremely valuable to allow a family to make financial decisions. While I understand an insurance policy is the insured's responsibility, it is difficult to find your way through the medical verbiage to understand benefits for care.

Thank you in advance for allowing me the opportunity to present my experience. Hopefully, this information and the other family stories you will hear today, will give you the data to provide change for those suffering from the disease of addiction.

I would like to leave you with one closing thought.....I have been in healthcare management for over 25 years and if I had difficulties finding a pathway through this system, please imagine what it is like for those who do not understand the insurance world.

Sincerely,

Margaret Arseniadis
Hamden, Connecticut